

C.L. "BUTCH" OTTER- Governor RICHARD M. ARMSTRONG - Director DEBBY RANSOM, R.N., R.H.I.T – Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, Idaho 83720-0336 PHONE: (208) 334-6626 FAX: (208) 364-1888 E-mail: fsb@idhw.state.id.us

March 16, 2007

Barbara Little, Administrator Royal Villa 1713 Center Ave Payette, ID 83661

License #: RC-334

Dear Ms. Little:

On February 6, 2007, a state licensure survey was conducted at Royal Villa. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

• Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Polly Watt-Geier, LSW, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

POLLY WATT-GEIER, LSW

Team Leader

Health Facility Surveyor

Residential Community Care Program

PWG/sc

c;

Jamie Simpson, MBA, QMRP Supervisor, Residential Community Care Program

C.L. "BUTCH" OTTER - Governor RICHARD M. ARMSTRONG - Director

DEBBY RANSOM, R.N., R.H.I.T - Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, Idaho 83720-0036 PHONE: (208) 334-6626 FAX: (208) 364-1888 E-mail: fsb@idhw.state.id.us

February 9, 2007

Barbara Little, Administrator Royal Villa 1713 Center Ave Payette, ID 83661

Dear Ms. Little:

On February 6, 2007, a state licensure survey was conducted at Royal Villa. The facility was found to be providing a safe environment and safe, effective care to residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by March 8, 2007.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

JAMIE SIMPSON, MBA, QMRP

Supervisor

Residential Care Assisted Living Program

JS/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
13R334			B. WING		02/0	02/06/2007		
NAME OF P	ROVIDER OR SUPPLIER				TATE, ZIP CODE			
ROYAL VILLA			1713 CENTER AVE PAYETTE, ID 83661					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FUL REGULATORY OR LSC IDENTIFYING INFORMATIO			ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
R 000 Initial Comments The residential care/assisted living facility wa found to be in substantial compliance with the				R 000				
	Rules for Residential Care or Assisted Living Facilities in Idaho. No core issue deficiencie were cited during the standard health survey conducted at your facility. The surveyors conducting the standard health survey were:			g es				
	Polly Watt-Geier, M Team Coordinator Health Facility Surv							
	Donna Henscheid, Health Facility Surv							
,								
							Annabara	
i.								
3ureau of Fa	acility Standards	——————————————————————————————————————			TITLE		(X6) DATE	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM 6899

OL9P11



BUREAU OF FACILITY STANDARDS P.O. Box 83720 Boise, ID 83720-0036 (208) 334-6626 fax: (208) 364-1888

ASSISTED LIVING Non-Core Issues Punch List

Facility Name	Physical Address	Phone Number
Royal Villa	1713 Center Ave	208-642 - 9808
Administrator / / / / / /	City	ZIP Code
Barbara Little	Payette	83661
Survey Team Leader Polly Watt-Geier	Survey Type Standard	Survey Date 2/6/07
NON-CORE ISSUES		
ITEM RULE #	DESCRIPTION	DATE RESOLVED

#		DESCRIPTION CONTROL OF THE PROPERTY OF THE PRO	RESOLVED
	305.01	The facility RN did not assess bedrails for	
	·	two of two residents and did not assess a	
		resident #4 for self-administration of medication	<i>u</i> .
2	450	The Jacility did not meet the standard of the	
		Ideho Lood Code to include the shoper missing	
		of bleach solution.	
:			

Response Required Date

Signature of Facility Representative